

# MEDICATION FORM



Exhibitor Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
FFA Chapter: \_\_\_\_\_  
Animal Description: \_\_\_\_\_

Animal Species: (circle one) Beef Sheep Swine Meat Goat Poultry Rabbit Dairy Cattle Dairy Goat  
Animal Identification # (ear tag or tattoo): \_\_\_\_\_

## Initial boxes and complete all sections that apply – One Form Per Animal or Per Pen of Animals

I certify the above-named animal **has not** been treated with prescription drugs and/or over the counter drugs.

I certify the above-named animal has been treated with an over the counter drug for which the withdrawal period **has** been completed.

Condition being treated for: \_\_\_\_\_  
Medication dispensed: \_\_\_\_\_ Dose Given: \_\_\_\_\_  
Dates of treatment: \_\_\_\_\_  
Labeled withdrawal time: \_\_\_\_\_

I certify the above-named animal **has** been appropriately treated by a licensed veterinary practitioner with a medication as indicated below. The prescribed medication withdrawal period **has not** been completed by the date that is listed on this form.

I certify the above-named animal **has** been appropriately treated by a licensed veterinary practitioner with a medication as indicated below. The prescribed medication withdrawal period **has** been completed by the date that is listed on this form.

Condition being treated for: \_\_\_\_\_  
Medication dispensed: \_\_\_\_\_ Dose Given: \_\_\_\_\_  
Dates of treatment: \_\_\_\_\_  
Labeled withdrawal time: \_\_\_\_\_

Name of licensed veterinarian providing care: \_\_\_\_\_  
Signature of licensed veterinarian providing care: \_\_\_\_\_  
Veterinarian Address, City, State, Zip, and Phone: \_\_\_\_\_  
Labeled withdrawal time: \_\_\_\_\_

Exhibitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**This Form is to be Completed and Delivered to The Vet at The Vet Health Check**